

Planning & Building Department Planning Division | Development Processing

APPEAL APPLICATION FORM

Appeal the decision of the:	
☐ Zoning Administrator	Date Received:
☐ Design Review Committee	Deposit Paid:
☐ Planning Commission	Receipt No.:
Application Information	Case No.:
Name of Appellant: Ph	none No. ()
Home Address:	
Business Address:	
Project Address:	
Project Description:(Example: zone change, variance,	conditional use permit, design review, etc.)
Please use the space below to provide a response to the additional sheets, if necessary.	e decision you are appealing. Attach
Signature of Appellant D	ate
DO NOT WRITE IN THIS SPACE	
The above matter has been scheduled for public hearing	before the:
□ Planning Commission □ City Council on	·
Planning Commission Secretary C	ity Clerk

Appeal Form Directions:

Pursuant to various sections of the Chula Vista Zoning Ordinance Chapter 19.14 – Administrative Procedure, Conditional Uses and Variance, an affected party may appeal the decision of the Zoning Administrator, Design Review Committee or Planning Commission to the next higher body, and ultimately to the City Council if the appellant The appellant must file an appeal application form within the specified chooses. appeal period (usually 10 days after the decision has been made), complete the Disclosure Statement, and pay the required fee or deposit, depending on the type of application. The appeal will then be scheduled for a hearing by the next higher body. If an appeal is taken all the way to the City Council, that decision is final and there is no other legislative body to appeal to.

If you have any questions regarding the appeal process or how to appeal a decision by the Zoning Administrator, Design Review Committee or Planning Commission to the next higher body, please call (619) 585-5621.